

WHEN THIS COPY CARRIES THE RAISED SEAL OF DOUGLAS COUNTY, NEBRASKA, IT CERTIFIES THE DOCUMENT BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE DOUGLAS COUNTY HEALTH DEPARTMENT, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS



DATE OF ISSUANCE

12/14/2022

OMAHA, NEBRASKA

LINDSAY HUSE MPH, DNP, RN

HEALTH DIRECTOR

DOUGLAS COUNTY HEALTH DEPARTMENT

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

22 17163

CERTIFICATE OF DEATH

| | | | | | |
|---|--|---|--|---|--|
| 1. DECEDENT'S NAME (First, Middle, Last, Suffix) Todd Jonathan Fisher | | 2. SEX Male | | 3. DATE OF DEATH (Mo., Day, Yr.) November 22, 2022 | |
| 4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Omaha, Nebraska | | 5a. AGE - Last Birthday (Yrs.) 50 | | 5b. UNDER 1 YEAR MOS. DAYS HOURS MINS. | |
| 5c. UNDER 1 DAY HOURS MINS. | | 6. DATE OF BIRTH (Mo., Day, Yr.) April 5, 1972 | | | |
| 7. SOCIAL SECURITY NUMBER 506-02-5438 | | 8a. PLACE OF DEATH <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Other (Specify) | | | |
| 8b. FACILITY NAME (If not Institution, give street and number) CHI Health Lakeside | | 8d. COUNTY OF DEATH Douglas | | | |
| 8c. CITY OR TOWN OF DEATH (Include Zip Code) Omaha 68130 | | | | | |
| 9a. RESIDENCE-STATE Nebraska | | 9b. COUNTY Douglas | | 9c. CITY OR TOWN Omaha | |
| 9d. STREET AND NUMBER 2525 135th Avenue | | 9e. APT. NO. | | 9f. ZIP CODE 68144 | |
| 9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| 10a. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Unknown | | 10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name Helen Vance | | | |
| 11. FATHER'S NAME (First, Middle, Last, Suffix) William Fisher | | 12. MOTHER'S NAME (First, Middle, Maiden Surname) Helen Vance | | | |
| 13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No | | 14a. INFORMANT NAME Melissa Puls | | 14b. RELATIONSHIP TO DECEDENT Legal Guardian | |
| 15. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify) | | 16a. EMBALMER SIGNATURE Caroline M Page | | 16b. LICENSE NO. 1480 | |
| 16c. DATE (Mo., Day, Yr.) November 28, 2022 | | 16d. CEMETERY, CREMATORY OR OTHER LOCATION Omaha Crematory | | | |
| 17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Good Shepherd Funeral Home, 4712 S 82nd St. Omaha, Nebraska | | 17b. Zip Code 68127 | | | |
| CAUSE OF DEATH (See instructions and examples) | | | | | |
| 18. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE: a) Cardio respiratory failure DUE TO, OR AS A CONSEQUENCE OF: b) Possible pulmonary embolism DUE TO, OR AS A CONSEQUENCE OF: c) DUE TO, OR AS A CONSEQUENCE OF: d) | | | | APPROXIMATE INTERVAL onset to death 1 Day onset to death onset to death onset to death | |
| 18. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I. | | | | 19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 20. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | | 21a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined | | 21b. IF TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | |
| 21c. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 22a. DATE OF INJURY (Mo., Day, Yr.) | | 22b. TIME OF INJURY | | 22c. PLACE OF INJURY-At home, farm, street, factory, office building, construction site, etc. (Specify) | |
| 22d. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 22e. DESCRIBE HOW INJURY OCCURRED | | | |
| 22f. LOCATION OF INJURY - STREET & NUMBER, APT.NO. | | CITY/TOWN | | STATE | |
| 22g. ZIP CODE | | | | | |
| 23a. DATE OF DEATH (Mo., Day, Yr.) November 22, 2022 | | 23b. TIME OF DEATH | | 23c. TIME OF DEATH | |
| 23d. DATE SIGNED (Mo., Day, Yr.) | | 23e. TIME OF DEATH | | 23f. TIME OF DEATH | |
| 23g. DATE SIGNED (Mo., Day, Yr.) | | 23h. TIME OF DEATH | | 23i. TIME OF DEATH | |
| 23j. DATE SIGNED (Mo., Day, Yr.) | | 23k. TIME OF DEATH | | 23l. TIME OF DEATH | |
| 23m. DATE SIGNED (Mo., Day, Yr.) | | 23n. TIME OF DEATH | | 23o. TIME OF DEATH | |
| 23p. DATE SIGNED (Mo., Day, Yr.) | | 23q. TIME OF DEATH | | 23r. TIME OF DEATH | |
| 23s. DATE SIGNED (Mo., Day, Yr.) | | 23t. TIME OF DEATH | | 23u. TIME OF DEATH | |
| 23v. DATE SIGNED (Mo., Day, Yr.) | | 23w. TIME OF DEATH | | 23x. TIME OF DEATH | |
| 23y. DATE SIGNED (Mo., Day, Yr.) | | 23z. TIME OF DEATH | | 23aa. TIME OF DEATH | |
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